24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Sc	chedule E)		PAGE 1 OF 5 FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
ı	HE CONSERVATIVE STRIKEFORCE	C C00457291					
Ch	Check if X 24-hour report 48-hour report New report Amends report filed on						
	Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC	Date of Public Distribution/Dissemination 04 02 VIVIYIVIVIVIVIVIVIVIVIVIVIVIVIVIVIVIVI					
	Mailing Address 385 AVERY LN		Amount				
	City State	Zip Code	344.39				
	MEDINA OH	44256	Transaction ID : SE.68513 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	04 02 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	MARK BEGICH	X Oppose	President Senate State: AK				
	Calendar Year-To-Date Per Election for Office Sought	344.39	Disbursement For:				
	Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination				
	Moiling Address	04					
	Mailing Address 385 AVERY LN		Amount				
	City State	Zip Code	1416.27				
	MEDINA OH	44256	Transaction ID : SE.68514 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	04 / 02 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	MARK L PRYOR	Oppose	President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought	1416.27	Disbursement For: Primary General 2014 General Other (specify) ▶				
	(a) CURTOTAL of Harriand Industry of English		1700.00				
	(a) SUBTOTAL of Itemized Independent Expenditures		1760.66				
	(b) SUBTOTAL of Unitemized Independent Expenditures		>				
	(c) TOTAL Independent Expenditures		>				
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		ically Filed] Date	04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORC	FEC IDENTIFICATION NUMBER ▼			
THE GONGERVATIVE OTHERS ON	_			C C00457291
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee CLIENT FIRST CONSULTING GRO	ull Name of Payee CLIENT FIRST CONSULTING GROUP LLC			
Mailing Address 385 AVERY LN			Amou	04 02 2014 nt
City	State	Zip Code		2537.52
MEDINA	ОН	44256		action ID : SE.68515 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	OVER SEVERAL WEEKS Category/ Type 004			04 02 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
MARK E UDALL		X Oppose	Preside	ent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	2537.52	Disbursemen 2014	tt For:
Full Name of Payee CLIENT FIRST CONSULTING GROUI	P LLC			of Public Distribution/Dissemination
Mailing Address 385 AVERY LN			Amou	
City	State	Zip Code		2211.44
MEDINA	ОН	44256		action ID : SE.68516 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	S	Category/ Type 004		04 02 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
MARY L LANDRIEU		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	2211.44	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			4748.96
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
SCOTT B MACKENZIE Signature	[Electron	ically Filed] Date	9 04	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

THE CONSERVATIVE STRIKEFORCE Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC	TIFICATION NUMBER ▼ 457291 Stribution/Dissemination 0 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC	stribution/Dissemination
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC	stribution/Dissemination
CLIENT FIRST CONSULTING GROUP LLC) D / Y Y Y Y Y
M = M / D	2011
Mailing Address 385 AVERY LN Amount	
City State Zip Code	2607.30
MEDINA OH 44256 Transaction ID: S Date of Disbursem	SE.68517
Purpose of Expenditure	02 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
AL EDANIZEN	Senate State: MN
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specify)	Primary
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC	stribution/Dissemination
Molling Address	02 / 2014
Mailing Address 385 AVERY LN Amount	
City State Zip Code	498.12
MEDINA OH 44256 Transaction ID : SE Date of Disbursem	
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004 04	02 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
JOHN E WALSH Oppose President So	Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3105.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 04 03	2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	chedule E)	LXI LIIDI	TOTIES		PAGE 4 OF 5 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) HE CONSERVATIVE STRIKEFORC	FEC IDENTIFICATION NUMBER ▼			
	THE GONGERVATIVE OTRIKET OROS	C C00457291			
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
	Ull Name of Payee CLIENT FIRST CONSULTING GROUP LLC				of Public Distribution/Dissemination
	Mailing Address 385 AVERY LN			Amou	
	City	State	Zip Code		662.54
	MEDINA	ОН	44256		saction ID : SE.68519 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	3	Category/ Type 004		04 02 7 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District:00
	JEANNE SHAHEEN		X Oppose	Presid	dent Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought	, , ,	662.54	Disbursemer 2014	nt For:
	Full Name of Payee CLIENT FIRST CONSULTING GROUP	P LLC			of Public Distribution/Dissemination
	Mailing Address 385 AVERY LN			Amou	
1	City	State	Zip Code		4761.25
	MEDINA	ОН	44256		action ID : SE.68520 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	6	Category/ Type 004		M 04
1	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	KAY R HAGAN		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7 7	4761.25	Disbursemer 2014	nt For:
	(a) SUBTOTAL of Itemized Independent Expenditures	S			5423.79
	(b) SUBTOTAL of Unitemized Independent Expenditu	res			
	(c) TOTAL Independent Expenditures			•	14114114
١	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	SCOTT B MACKENZIE Signature	[Electroni	ically Filed] Date	04	03 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

SCI	Schedule E) FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
TH	HE CONSERVATIVE STRIKEFO						
	C C00457291						
Che	Check if 24-hour report 48-hour report New report Amends report filed on						
T	Full Name of Payee		Date of Public Distribution/Dissemin	ation			
	CLIENT FIRST CONSULTING GROUP LLC				04 02 Y Y Y 201		
	Mailing Address 385 AVERY LN				Amount		
\vdash	City State Zip Code				193	34.39	
	MEDINA	ОН	44256		Transaction ID : SE.68521		
-	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL W	/EEKS	Category/ Type 00	4	Date of Disbursement or Obligation M M / D D / Y Y Y 201		
\mathbf{F}	Name of Federal Candidate		Support	Office	e Sought: House District: _	00	
	JEFFREY A MERKLEY		Oppose		-	OR	
	Calendar Year-To-Date Per Election for Office Sought		1934.39	Disbu 2014	ursement For: Primary X G	eneral	
-					Other (specify)	oti e ···	
	Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC			Date of Public Distribution/Dissemin	Y Y		
-	Mailing Address 385 AVERY LN				04 02 201	4	
	JOO AVEILI LIN				Amount		
-	City	State	Zip Code		4026	5.78	
	MEDINA	ОН	44256		Transaction ID : SE.68522 Date of Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL W	/EEKS	Category/ Type 004	4	04 / 02 / Y Y Y 201		
-	Name of Federal Candidate		Support	Office	e Sought: House District: _	00	
	MARK J WARNER		X Oppose		President X Senate State: _	VA	
	Calendar Year-To-Date Per Election for Office Sought		4026.78	Disbu 2014	ursement For: Primary X 0 Other (specify) ▶	General	
_		,					
(8	a) SUBTOTAL of Itemized Independent Expendent	ditures		···· >	5961.1	7	
(b) SUBTOTAL of Unitemized Independent Expenditures							
(0	c) TOTAL Independent Expenditures			····· >	21000.	00	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	SCOTT B MACKENZIE	[Electron	ically Filed] Da	ate 0	03 2014		
	Signature						